# IDAHO

2-D Barcode

Software Developer's Manual

Tax Year 2008

September 22, 2008

#### Dear Developers:

The specifications are being updated to reflect the removal of Form 69R, "Incentive investment tax credit." This credit is beyond statue. We also adjusted Form 44 to remove Line 3 in Part II, the reference to Form 69R.

We are redistributing these specifications to add the additional standard deduction box (14d). Idaho law has not conformed to these new provisions. The Idaho legislature will convene in January 2009 and consider conformity with the new IRS rules.

The primary contact person has also changed if you should have questions or concerns.

2-D barcode forms must be approved by the Idaho State Tax Commission prior to providing the software to your clients. The form 40 is the only form with the barcode printed on it, but the barcode will contain information from forms 39R, 44 and 75 as defined in the "2-D Specifications." All changes to specifications are indicated in red.

#### **Idaho 2-D test returns:**

- Include a cover letter requesting 2-D barcode approval with a contact person name, phone number, and e-mail address with your forms.
- Test returns can be submitted via e-mail as PDF attachments.

#### **Idaho Substitute Form Approval**

- Include a cover letter requesting substitute forms approval with a contact person name, phone number, and e-mail address with your forms.
- Substitute forms can be submitted via e-mail as PDF attachments.

Do not combine requests for 2-D barcode and substitute forms approval.

#### **Contacts for 2-D barcode**

Primary Contact Chris Vega 800 Park Blvd Plaza IV Boise, Idaho 83722

cvega@tax.idaho.gov
208-334-7822

Secondary Contact Robin Allen 800 Park Blvd Plaza IV Boise, Idaho 83722

rallen@tax.idaho.gov 208-334-7783



# 2008

#### IDAHO INDIVIDUAL INCOME TAX RETURN

| AME                     | NDED RETUR            | I, check the box. ■ State Use Only                                    |                      |                           |  |      |  |  |  |  |
|-------------------------|-----------------------|---|----------------------|---------------------------|--|------|--|--|--|--|
|                         |                       | e 6 for the reasons   |                      |                           |  |      |  |  |  |  |
| for an                  | nending and er        | ter the number.   |                      | Your Social Security      | Number (required)                      |      |  |  |  |  |
| For o                   | calendar year         | 2008, or fiscal year beginning, ending                                | g                    | Tour Godiar Gedung        | rvaniber (required)                    |      |  |  |  |  |
|                         | Your first name a     | d initial Last name   |                      |                           |  |      |  |  |  |  |
| R                       |                       |   |                      | Spouse's Social Se        | Security Number (required)             |      |  |  |  |  |
| È                       | Spouse's first nam    | e and initial Last name   |                      |                           |  |      |  |  |  |  |
| 뚪                       |                       |   |                      |                           |  |      |  |  |  |  |
| PLEASE PRINT OR<br>TYPE | Mailing address       |   |                      | Taxpayer deceased         | Do you need Idaho                      |      |  |  |  |  |
| ΕAS                     |                       |   |                      | ☐ <b>v</b> in 2008        | income tax forms mailed to you next ye |      |  |  |  |  |
| 7                       | City, State, and Zip  | Spouse deceased   |                      |                           |  |      |  |  |  |  |
|                         |                       |   |                      | ☐ <b>✓</b> in 2008        | ■ Yes ■ No                             | )    |  |  |  |  |
| FILI                    | NG STATUS.            | If filing married joint or separate return, enter sp                  | ouse's name and      | Social Security numbe     | r above.                               |      |  |  |  |  |
| 1.                      | Single 2.             | Married filing joint return 3. Married filing separ                   | ate return 4.        | Head of household 5.      | Qualifying widow(er                    | r)   |  |  |  |  |
| 6. <b>E</b>             | XEMPTIONS.            |   | ourself a.           | Election campaign fur     | nd                                     |      |  |  |  |  |
|                         |                       | dependent leave hey 6a blank and 6h if they apply                     | pouse b.             | I want \$1 of my income t |  |      |  |  |  |  |
| C.                      | List your depe        | ndents. If more than four dependents, continue on Form                | 39R.                 | Election Campaign Fund    | (\$2 on joint return).                 |      |  |  |  |  |
|                         |                       | Enter the total number here c.  |                      |                           |  |      |  |  |  |  |
| <u>F</u>                | irst name             | Last name Social Secur  |                      | 7. Yourself 8. Spouse     | 7. Yourself 8. Spo                     | Juse |  |  |  |  |
| _                       |                       |   |                      | Constitution              | · H                                    | -    |  |  |  |  |
| _                       |                       |   |                      | Democratic •              | No Specific                            | _    |  |  |  |  |
| _                       |                       |   |                      | Libertarian               | None                                   |      |  |  |  |  |
| d<br>—                  | Total exemption       | ns. Add lines 6a through 6c. Must match federal return                | d                    |                           |  |      |  |  |  |  |
| <u> </u>                |                       | ee instructions, page 7.  |                      |                           |  |      |  |  |  |  |
|                         |                       | rederal adjusted gross income from federal Form 1040, lin             | 27: fodoral Form 1   | 040A line 21:             |  |      |  |  |  |  |
| RE                      | 1                     | Form 1040EZ, line 4. Attach a complete copy of your form              | •                    |                           | 9                                      | 00   |  |  |  |  |
| 뿐                       |                       | from Form 39R, Part A, line 6. Attach Form 39R                        |                      |                           | 10                                     | 00   |  |  |  |  |
| Ä                       |                       | d lines 9 and 10  |                      | <b>⊢</b>                  | 11                                     | 00   |  |  |  |  |
| Ĕ                       | 12. Subtraction       | n from Form 39R, Part B, line 23. Attach Form 39R                     |                      |                           | 12                                     | 00   |  |  |  |  |
| ΡĄ                      | 13. TOTAL A           | DJUSTED INCOME. Subtract line 12 from line 11.                        |                      |                           |  |      |  |  |  |  |
| ATTACH PAYMENT HERE     | If you have           | e an NOL and are electing to forego the carryback perion              | od, check here       | <u> </u>                  | 13                                     | 00   |  |  |  |  |
| Ĕ                       | TAX COMPU             | ATION. See instructions, page 7.                                      |                      |                           |  |      |  |  |  |  |
| 4                       |                       | a. If age 65 or older   | • Yourself           | ■ Spouse                  |  |      |  |  |  |  |
|                         | Standard              | 14. CHECK b. If blind   | •                    | ■ Spouse                  |  |      |  |  |  |  |
|                         | Deduction<br>For Most | c. If your parent or someone else can cl                              |                      | dent,                     |  |      |  |  |  |  |
| Ä                       | People                | check here and enter zero on lines                                    |                      |                           |  |      |  |  |  |  |
| HERE                    | Single or             | d. If you're claiming an additional sta                               | _                    | or                        |  |      |  |  |  |  |
|                         | Married filing        | real estate taxes, check here. •                                      |                      |                           | (//)                                   |      |  |  |  |  |
| COPIES                  | Separately: \$5,450   | 15. Itemized deductions. Attach federal Schedule A.                   | Federal limits apply | /                         | 15                                     | 00   |  |  |  |  |
|                         |                       | 16. All state and local income or general sales taxes i               | ncluded on federa    | I Schedule A, line 5      | 16                                     | 00   |  |  |  |  |
| W-2                     | Head of Household:    | 17. Subtract line 16 from line 15. If you do not use fe               | deral Schedule A,    | enter zero                | 17                                     | 00   |  |  |  |  |
|                         | \$8,000               | 18. Standard deduction. See instructions, page 7, if y                | ou checked any bo    | ox on line 14             | 18                                     | 00   |  |  |  |  |
| STATE                   | Married filing        | <ul> <li>Subtract the LARGER of line 17 or 18 from line 13</li> </ul> | s. If less than zero | enter zero                | 19                                     | 00   |  |  |  |  |
|                         | Jointly or Qualifying |   |                      | ·                         | 20                                     | 00   |  |  |  |  |
| АТТАСН                  | Widow(er):            | 20. Multiply \$3,500 by the number of exemptions claim                |                      | iorar iiriito appry       |  |      |  |  |  |  |
| ΑŢ                      | \$10,900              | 21. Taxable income. Subtract line 20 from line 19. If                 | less than zero, ento | -                         | 21                                     | 00   |  |  |  |  |
|                         |                       | 22 Tax from tables or rate schedule. See instruction                  | s nage 35            | -                         | 22                                     | 00   |  |  |  |  |

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



Form 40 - 2008 EF00008902 8-29-08

Page 2

Tax amount from line 22 ..... 23 00 CREDITS. Limits apply. See instructions, page 8. 00 24 24. Income tax paid to other states. Attach Form 39R and a copy of the other state returns .. • 25 00 25. Credit for contributions to Idaho educational entities ...... 00 26 Credit for contributions to Idaho youth and rehabilitation facilities ...... 27 00 27. Credit for live organ donation expenses ..... Total business income tax credits from Form 44, Part I, line 12. Attach Form 44...... 00 TOTAL CREDITS. Add lines 24 through 28 ..... 00 29 30. Subtract line 29 from line 23. If line 29 is more than line 23, enter zero 30 00 OTHER TAXES. See instructions, page 9. 31 00 31. Fuels tax due. Attach Form 75...... 32 32. Sales/Use tax due on mail order. Internet, and other nontaxed purchases..... 00 33 33. Total tax from recapture of income tax credits from Form 44, Part II, line 8. Attach Form 44 ...... 00 34 00 34. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER ...... 10 35. Permanent building fund. Check the box if you are receiving Idaho public assistance payments...... 35 00 TOTAL TAX. Add lines 30 through 35..... 36 00 **DONATIONS.** See instructions, page 9. I wish to donate to: \_\_\_\_ 38. Children's Trust Fund ..... 37. Nongame Wildlife Conservation Fund ...... \_\_ 40. Idaho Guard and Reserve Family .... 39. Special Olympics Idaho ...... •\_ 41. American Red Cross of Greater Idaho Fund 42. Veterans Support Fund ..... 43. Enter total donations. Add lines 37 through 42 ...... 43 00 TOTAL TAX PLUS DONATIONS. Add lines 36 and 43 ..... 44 00 PAYMENTS and OTHER CREDITS. Complete the grocery credit refund worksheet on page 10. 45. Grocery credit. Computed Amount (from worksheet) ...... To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 45. 00 45 To receive your grocery credit, enter the computed amount on line 45. 46 00 46. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39R ...... 47 00 47. Special fuels tax refund Gasoline tax refund 48 00 48. Idaho income tax withheld. Attach Form(s) W-2..... 49 00 49. 2008 Form 51 payment(s) and amount applied from 2007 return ...... 50 00 50. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 45 through 49 TAX DUE or REFUND. See instructions, page 11. If line 44 is more than line 50, GO TO LINE 51. If line 44 is less than line 50 GO TO LINE 54. 51. TAX DUE. Subtract line 50 from line 44 ..... 00 52. Penalty • Interest from the due date 52 Enter total ..... 00 Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account..... 53 53. TOTAL DUE. Add lines 51 and 52. Make check or money order payable to the Idaho State Tax Commission ........ 00 54 54. OVERPAID. Line 50 minus lines 44 and 52. This is the amount you overpaid ...... 00 55. REFUND. Amount of line 54 to be refunded to you ...... 00 56. ESTIMATED TAX. Amount of line 54 to be applied to your 2009 estimated tax \_\_\_\_\_\_ 56 00 57. DIRECT DEPOSIT. See instructions, page 12. Type of Checking Routing No. Account No. Account: . Savings AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions. 00 58 58. Total tax due (line 53) or overpayment (line 54) on this return ...... 00 59. Refund from original return plus additional refunds ..... 59 60. Tax paid with original return plus additional tax paid ..... 00 60 Amended tax due or refund. Add lines 58 and 59 and subtract line 60 ...... 61. 00 Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See instructions Your signature Spouse's signature (if a joint return, BOTH MUST SIGN) Daytime phone **SIGN** HERE • Paid preparer's signature Preparer's EIN, SSN, or PTIN Address and phone number

|       | 2                | 2-D Barcode I       | Record        | Layout Spe    | ecifications Idaho. Form 40 June 2008  |         |  |  |  |  |  |
|-------|------------------|---------------------|---------------|---------------|--|---------|--|--|--|--|--|
| Index | Form<br>Line No. | Description         | Field<br>Size | Field Type    | Acceptable Values  | Changes |  |  |  |  |  |
|       |                  |                     |               | Alpha-        |  | 9       |  |  |  |  |  |
| 1     | Header           | Version Number      | 2             | Numeric       | Required entry. "T1" (Standard FTA accepted header field)                          |         |  |  |  |  |  |
|       |                  |                     |               | Alpha-        | Required entry. NACTP ASSIGNED CODE (Standard FTA accepted                         |         |  |  |  |  |  |
| 2     | Header           | Developer Code      | 4             | Numeric       | header field)  |         |  |  |  |  |  |
| 3     | Header           | Taxing Jurisdiction | 2             | Alpha         | Required entry. "ID"   |         |  |  |  |  |  |
| 4     | Header           | Tax Year            | 4             | Numeric       | Required entry. "2008"  Required entry. "40"                                       |         |  |  |  |  |  |
| 5     | Header           | Idaho Form Type     | 3             | Alpha         | Required entry. "40"   |         |  |  |  |  |  |
|       |                  |                     |               |               | Draft versions of the specifications are not assigned version numbers.             |         |  |  |  |  |  |
|       |                  | Specification       |               |               | Final version = "0", revision thereafter will increase numerically. (Per           |         |  |  |  |  |  |
| 6     | Header           | Version             | 1             | Numeric       | FTA standard)  |         |  |  |  |  |  |
|       |                  |                     |               |               | Required entry. Identify vendor changes to the software. (Per FTA                  |         |  |  |  |  |  |
| 7     | Header           | Software Version    | 2             | Numeric       | standard)  |         |  |  |  |  |  |
| 8     | Header           | Amended Return      | 1             | alpha         | "X" = box is marked. Blank = box is not marked                                     |         |  |  |  |  |  |
| 9     | Header           | Amended Reason      | 1             | Numeric       | Must be 1,2,3, or 4 if Amended Return box is marked                                |         |  |  |  |  |  |
|       |                  | Fiscal Year         |               |               |  |         |  |  |  |  |  |
| 10    | Header           | Beginning           | 8             | Numeric       | (MMDDYYYY)   |         |  |  |  |  |  |
| 11    | Header           | Fiscal Year Ending  | 8             | Numeric       | (MMDDYYYY)   |         |  |  |  |  |  |
|       |                  | Primary First       |               |               |  |         |  |  |  |  |  |
| 12    | Header           | Name                | 16            | Alpha         | Required entry, First Name   |         |  |  |  |  |  |
|       |                  | Primary Middle      |               |               |  |         |  |  |  |  |  |
| 13    | Header           | Initial             | 1             | Alpha         | Required entry   |         |  |  |  |  |  |
|       |                  | Primary Last        |               |               |  |         |  |  |  |  |  |
| 14    | Header           | Name                | 35            | Alpha/Numeric | Required entry Last Name, and suffix if present (i.e. Sr., Jr.)                    |         |  |  |  |  |  |
| 15    | Header           | Primary SSN         | 9             | Numeric       | Required entry   |         |  |  |  |  |  |
| _     |                  |                     |               |               | Required entry if married filing joint or married filing separate otherwise        |         |  |  |  |  |  |
| 16    | Header           | Spouse First Name   | 16            | Alpha         | blank.   |         |  |  |  |  |  |
|       |                  | Spouse Middle       |               | _             | Required entry if married filing joint or married filing separate otherwise        |         |  |  |  |  |  |
| 17    | Header           | Initial             | 1             | Alpha         | blank.   |         |  |  |  |  |  |
| 18    | Header           | Spouse Last Name    | 35            | Alpha         | Required entry if married filing joint or married filing separate otherwise blank. |         |  |  |  |  |  |

|    |        |                    |    |               | Required entry if married filing joint or married filing separate otherwise |         |
|----|--------|--------------------|----|---------------|---|---------|
| 19 | Header | Spouse SSN         | 9  | Numeric       | blank.  |         |
| 20 | Header | Mailing Address    | 35 | Alpha/Numeric | Required entry.   |         |
|    |        | Ü                  |    | Alpha-        |   |         |
| 21 | Header | City               | 22 | Numeric       | Required entry  |         |
| 22 | Header | State              | 2  | Alpha         | Required entry "Standard postal abbreviation"                               |         |
| 23 | Header | Zip Code           | 9  | Numeric       | Required entry, left justified. Do not zero fill                            |         |
|    |        | Prime Deceased in  |    |               |   | Year    |
| 24 | Header | (2008)             | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              | updated |
|    |        | Spouse Deceased    |    |               |   | Year    |
| 25 | Header | in (2008)          | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              | updated |
| 26 | Header | Need Idaho forms   | 1  | Alpha         | "X" = box is marked Yes. Blank = box is not marked                          |         |
| 27 | Header | Need Idaho forms   | 1  | Alpha         | "X" = box is marked No. Blank = box is not marked                           |         |
|    |        | Filing Status      |    |               |   |         |
| 28 | Return | (Single)           | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
|    |        | Married Filing     |    |               |   |         |
| 29 | Return | Joint              | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
|    |        | Married Fling      |    |               |   |         |
| 30 | Return | Separate           | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
|    |        | Head Of            |    |               |   |         |
| 31 | Return | Household          | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
| 32 | Return | Qualifying Widow   | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
| 33 | 6a     | Prime Exemption    | 1  | Numeric       | "0" if claimed by someone else. Otherwise "1"                               |         |
| 34 | 6b     | Spouse Exemption   | 1  | Numeric       | "0" if claimed by someone else. Otherwise "1"                               |         |
| 35 | 6c     | Dependents         | 2  | Numeric       | "0" – "99"  |         |
| 36 | 6d     | Total Exemptions   | 2  | Numeric       | "0 – "99"   |         |
| 37 | 7a     | Constitution-Prime | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
| 38 | 7b     | Democratic-Prime   | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
| 39 | 7c     | Libertarian-Prime  | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
| 40 | 7d     | Republican-Prime   | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
| 41 | 7e     | No specific        | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
| 42 | 7f     | None-Prime         | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
|    |        | Constitution-      |    |               |   |         |
| 43 | 8a     | Spouse             | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |
|    |        | Democratic-        |    |               |   |         |
| 44 | 8b     | Spouse             | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |         |

| 45 | 8c  | Libertarian-Spouse | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
|----|-----|--------------------|-----|---------|--|-----------|
|    |     | Republican-        |     |         |  |           |
| 46 | 8d  | Spouse             | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
|    |     | No specific-       |     |         |  |           |
| 47 | 8e  | Spouse             | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
| 40 | 0.5 | N. C               |     | 4.1.1   | (5Y) 1 1 1 DI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                |           |
| 48 | 8f  | None-Spouse        | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
| 40 |     | Federal Adjusted   | 1.0 |         | 9999999999 or -9999999999 (Significant digits only, no cents, do not       |           |
| 49 | 9   | Gross Income       | 12  | Numeric | zero fill.   |           |
| 50 | 10  | Additions          | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill.           |           |
| 51 | 11  | Total              | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill.           |           |
| 52 | 12  | Subtractions       | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill.           |           |
| 53 | 13  | Net operating loss | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
|    |     | Total Adjusted     |     |         | 9999999999 or -9999999999 (Significant digits only, no cents, do not       |           |
| 54 | 13a | Income             | 12  | Numeric | zero fill.   |           |
| 55 | 14a | Prime 65 or older  | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
| 56 | 14a | Spouse 65 or older | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
| 57 | 14b | Prime Blind        | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
| 58 | 14b | Spouse Blind       | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
| 59 | 14c | Claimed dependent  | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             |           |
|    |     | Additional         |     | 1       |  | New field |
| 60 | 14d | standard deduction | 1   | Alpha   | "X" = box is marked. Blank = box is not marked                             | added     |
|    |     | Itemized           |     |         | 99999999999 (Significant digits only, no cents, do not zero fill. Schedule |           |
| 61 | 15  | Deductions         | 12  | Numeric | A, Line 28)  |           |
|    |     | State and local    |     |         | 9999999999 (Significant digits only, no cents, do not zero fill.           |           |
| 62 | 16  | income taxes.      | 12  | Numeric | Schedule A, Line 5)  |           |
|    |     | Net Idaho itemized |     |         | ,  |           |
| 63 | 17  | deductions         | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)           |           |
|    |     | Standard           |     |         |  |           |
| 64 | 18  | Deduction          | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)           |           |
| 65 | 20  | Federal Exemption  | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)           |           |
|    |     | •                  |     |         | 9999999999 or -9999999999 (Significant digits only, no cents, do not       |           |
| 66 | 21  | Taxable Income     | 12  | Numeric | zero fill.   |           |
| 67 | 22  | Tax                | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)           |           |
|    |     | Income tax paid to |     |         | , , , , , , , , , , , , , , , , , , ,                                      |           |
| 68 | 24  | other state        | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)           |           |

| 69  | 25  | Education credit    | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
|-----|-----|---------------------|-----|---------|---|-----|
|     |     | Youth and Rehab.    |     |         |   |     |
| 70  | 26  | credit              | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 71  | 27  | Live organ Don.     | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
|     |     | Business Credits    |     |         |   |     |
| 72  | 28  | from Form 44        | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 73  | 29  | Total Credits       | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 74  | 31  | Fuels tax due       | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 75  | 32  | Sales/Use tax due   | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
|     |     | Total tax from      |     |         |   |     |
|     |     | recapture of        |     |         |   |     |
| 76  | 33  | income tax credits. | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
|     |     | Tax from recapture  |     |         |   |     |
|     |     | of qualified        |     |         |   |     |
|     |     | investment          |     |         |   |     |
| 77  | 34  | exemption           | 12  | Numeric | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
|     |     |                     |     |         | "X" = box is marked. Blank = box is not marked. If box is marked they       |     |
| 78  | 35a | Public Assistance   | 1   | Alpha   | do not pay the \$10.00 Permanent building fund tax.                         |     |
|     |     |                     |     |         | 99 (Significant digits only, no cents, do not zero fill) Only 10            |     |
|     |     |                     |     |         | is acceptable). The 10.00 is only applicable if the taxpayer has not marked |     |
|     |     | Permanent           | _   |         | the public assistance box and they do not meet the filing requirement. See  |     |
| 79  | 35  | Building fund       | 2   | Numeric | requirement to file document.   |     |
| 80  | 36  | Total Tax           | 12  | Numeric | 99999999999999999999999999999999999999                                      |     |
| 0.4 | 25  | Idaho Nongame       | 4.0 |         |   |     |
| 81  | 37  | Wildlife            | 12  | Numeric | 9999999999999999 (Significant digits only, no cents, do not zero fill)      |     |
| 0.2 | 20  | Children's trust    | 1.0 |         |   |     |
| 82  | 38  | fund                | 12  | Numeric | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
| 83  | 39  | Special Olympics    | 12  | Numeric | 99999999999 (Significant digits only, no cents, do not zero fill)           | New |
| 84  | 40  | Idaho guard         | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
|     |     | American Red        |     |         | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
| 85  | 41  | Cross               | 12  | Numeric | No limit this year on donation  |     |
| 86  | 42  | Veterans Support    | 12  | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)            | New |

| 0.7 | 4.4  | Total Tax plus       | 10 |               |   |     |
|-----|------|----------------------|----|---------------|---|-----|
| 87  | 44   | donations.           | 12 | Numeric       | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
| 00  | 45   | Grocery Credit       | 10 | NT            | 000000000000 (6': -:'6':  | NT  |
| 88  | 45   | computed             | 12 | Numeric       | 99999999999 (Significant digits only, no cents, do not zero fill)           | New |
|     |      | G The                |    |               | "X" = box is marked. Blank = box is not marked                              |     |
| 00  | 4.5  | Grocery credit       |    | A 1 1         | If the box is marked X all the grocery credit will be donated, and will not | NT. |
| 89  | 45a  | donation             | 1  | Alpha         | be refundable on an amended return.   | New |
| 00  | 4.51 | Grocery Credit       | 10 | NT .          | 000000000000000000000000000000000000000                                     |     |
| 90  | 45b  | amount               | 12 | Numeric       | 99999999999 (Significant digits only, no cents, do not zero fill)           | New |
| 0.4 |      | Maintaining home     |    |               |   |     |
| 91  | 46   | for family aged      | 12 | Numeric       | 99999999999999999999999999999999999999                                      |     |
| 92  | 47a  | Special fuel tax ref | 12 | Numeric       | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
|     |      | Gasoline tax         |    |               |   |     |
| 93  | 47b  | refund               | 12 | Numeric       | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
| 94  | 48   | Idaho withholding    | 12 | Numeric       | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
| 95  | 49   | Estimated Payment    | 12 | Numeric       | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 96  | 51   | Tax Due              | 12 | Numeric       | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 97  | 52a  | Penalty              | 12 | Numeric       | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 98  | 52b  | Interest             | 12 | Numeric       | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
|     |      | Penalty withdraw     |    |               |   |     |
|     |      | from medical         |    |               |   |     |
| 99  | 52c  | savings account      | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |     |
| 100 | 53   | Total Due            | 12 | Numeric       | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 101 | 54   | Overpaid             | 12 | Numeric       | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 102 | 55   | Refund               | 12 | Numeric       | 99999999999 (Significant digits only, no cents, do not zero fill)           |     |
|     |      | Estimated Tax        |    |               |   |     |
| 103 | 56   | apply to 2009        | 12 | Numeric       | 9999999999 (Significant digits only, no cents, do not zero fill)            |     |
| 104 | 57a  | Routing Number       | 9  | Numeric       | 99999999 (Significant digits only, no cents, do not zero fill.)             |     |
|     |      |                      |    |               |   |     |
|     |      |                      |    |               | Account number can be up to 17 characters left justify do not zero fill. Do |     |
| 105 | 57b  | Account Number       | 17 | Alpha/Numeric | not use hyphens, spaces or special symbols                                  |     |
|     |      | Checking account     |    |               |   |     |
| 106 | 57c  | box                  | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |     |
|     |      | Savings account      |    | 1             |   |     |
| 107 | 57d  | box                  | 1  | Alpha         | "X" = box is marked. Blank = box is not marked                              |     |

|     | Authorize Preparer |    |               |  |  |
|-----|--------------------|----|---------------|--|--|
| 108 | Check box,         | 1  | Numeric       | "X" = box is marked. Blank = box is not marked |  |
| 109 | Daytime Phone      | 10 | Numeric       | Left justified. Do not zero fill               |  |
|     | Paid preparer EIN, |    |               |  |  |
| 110 | SSN, or PTIN       | 9  | Alpha/Numeric |  |  |

# **IDAHO SUPPLEMENTAL SCHEDULE**

2008

## For Form 40, Resident Returns Only

| Name(s) | as shown on return    |                            |                       |         |            |             |             | Social Security                                   | Number |
|---------|-----------------------|----------------------------|-----------------------|---------|------------|-------------|-------------|---|--------|
| Α. Α.   | Iditions. See ins     | structions, page 19.       |                       |         |            |             |             |   |        |
|         |                       | ating loss carryover inc   |                       | rm 40   |            |             |             | ■ 1 1   | 00     |
|         | •                     | over incurred outside      |                       |         |            |             |             | 2   | 00     |
|         |                       | and local bond interes     |                       |         | •          |             |             | 3   | 00     |
|         |                       |                            |                       |         |            |             |             | 4   | 00     |
|         |                       | vings account withdrav     |                       |         |            |             |             | <b>5</b>  |        |
| 5.      | Other additions.      | Attach explanation         |                       |         |            |             |             | • 3   | 00     |
| 6.      | Total additions. A    | add lines 1 through 5.     | Enter on line 10, F   | orm 40  | )          |             |             | <b>-</b> 6  | 00     |
|         |                       | instructions, page         |                       |         |            |             |             |   |        |
| 1.      |                       | ng loss carryover •        |                       |         | -11        |             |             |   |        |
| 0       | •                     | ng loss carryback          |                       |         |            |             |             | 1   | 00     |
|         |                       | refund if included in fe   |                       |         |            |             |             | • 2   | 00     |
|         |                       | . Government obligatio     |                       |         |            |             |             | • 3   | 00     |
|         |                       | o residence                |                       |         |            |             |             | <b>4</b>  | 00     |
| 5.      | Alternative energy    | devices deduction          |                       |         |            |             |             |   |        |
|         | Year                  |                            |                       |         |            |             |             |   |        |
|         | Acquired              | Type of Device             | Total Cost            |         | Percent    |             |             |   |        |
|         | a. 2008               |                            | \$                    | X       |            | 5a          | 0           | 0   |        |
|         | b. <u>2007</u>        |                            | \$                    | X       |            | 5b          | 0           |   |        |
|         | c. 2006               |                            | \$                    |         |            | 5c          | 0           |   |        |
|         | d. 2005               |                            | \$                    | X       | 20% =      | 5d          | 0           | 0   |        |
|         | e. Add lines 5a th    | rough 5d                   |                       |         |            |             |             | ■ 5e  | 00     |
| 6.      | Child/dependent of    | care. Attach federal Fo    | orm 2441 or 1040A     | , Sche  | dule 2     |             |             | <b>6</b>  | 00     |
| 7.      | Social security ar    | nd railroad benefits, if   | included in federal   | incom   | e          |             |             | <b>7</b>  | 00     |
| 8.      | Retirement benef      | its deduction. Comple      | ete Section C         |         |            |             |             | <b>8</b>  | 00     |
|         |                       | uipment donation           |                       |         |            |             |             | <b>9</b>  | 00     |
|         |                       | s deduction. Attach Fo     |                       |         |            |             |             | <b>1</b> 0  | 00     |
|         |                       | y pay earned outside o     |                       |         |            |             |             | <b>1</b> 1  | 00     |
| 12.     | Adoption expense      | es                         |                       |         |            |             |             | <b>1</b> 2  | 00     |
| 13.     | Idaho medical sav     | rings account. Contrib     | utions                |         | _ Interest |             |             |   |        |
|         | Financial institution | n                          | Accou                 | unt num | nber       |             |             | <b>1</b> 3  | 00     |
| 14.     | Idaho college sav     | vings program              |                       |         |            |             |             | <b>1</b> 4  | 00     |
| 15.     | Maintaining a hor     | me for the aged and/o      | r developmentally     | disable | d          |             |             | <b>1</b> 5  | 00     |
| 16.     | Idaho lottery winn    | nings, less than \$600 p   | er prize              |         |            |             |             | <b>1</b> 6  | 00     |
| 17.     | Income earned or      | n a reservation by an      | American Indian       |         |            |             |             | <b>1</b> 7  | 00     |
| 18.     | Health insurance      | premiums                   |                       |         |            |             |             | <b>1</b> 8  | 00     |
| 19.     | Long-term care in     | nsurance                   |                       |         |            |             |             | <b>1</b> 9  | 00     |
| 20.     | Worker's comper       | sation insurance           |                       |         |            |             |             | <b>2</b> 0  | 00     |
| 21.     | Bonus depreciation    | on. Attach computatio      | ns                    |         |            |             |             | <b>2</b> 1  | 00     |
| 22.     | Other subtractions    | s. Attach explanation      |                       |         |            |             |             | <b>2</b> 2  | 00     |
| 23.     | Total subtractions    | . Add lines 1 through      | 4 and 5e through 2    | 22.     |            |             |             |   |        |
|         | Enter on line 12,     | Form 40                    |                       |         |            |             |             | <b>2</b> 3  | 00     |
| C. Re   | tirement Benefit      | s Deduction. See in        | structions, page      | 23, fc  | r qualifie | d retiremer | nt benefits |   |        |
| 1.      | If single enter \$26  | 6,220, or if married filin | ng jointly enter \$39 | ,330    |            | 1           | 0           | 0   |        |
| 2.      |                       | Retirement benefits re     |                       |         |            |             | 0           |   |        |
| 3.      |                       | enefits received           |                       |         |            |             | 0           | <del>-</del> //////////////////////////////////// |        |
| 4.      | -                     | s 2 and 3. If less than    |                       |         |            | 4           | 0           | <del>-</del> //////////////////////////////////// |        |
| 5.      |                       | ent benefits included in   |                       |         |            |             | 0           | <del></del> ///////////////////////////////////   |        |
| 6.      | Enter the smaller     | of line 4 or 5 here and    | on line 8, Part B     |         |            |             |             | 6   | 00     |

Page 2 Name(s) as shown on return Social Security Number D. Credit for Income Tax Paid to Other States. See instructions, page 23. This credit is being claimed for taxes paid to: • (State name) 1. Idaho tax, line 22, Form 40..... 1 00 Attach a copy of the income tax return and a 2 2. Other state's adjusted income..... 00 separate Form 39R for 3. Idaho adjusted income from line 13, Form 40 ..... 3 00 each state for which a credit is claimed. 4. Divide line 2 by line 3. Enter percentage here ...... 4 5. Multiply line 1 by line 4. Enter amount here ...... 5 00 6. Other state's tax due less its income tax credits...... 00 6 00 E. Maintaining a Home for a Family Member Age 65 or Older, or a Family Member With a Developmental Disability. See instructions, page 24. 1. Did you maintain a home for an immediate family member age 65 or older and provide more than No Yes one-half of his/her support? You and your spouse do not qualify ..... 2. Did you maintain a home for an immediate family member with a developmental disability and Yes No provide more than one-half of his/her support? You and your spouse may qualify ...... If you answered YES to either question, complete lines 3 and 4. 3. List each family member you are claiming: Check here if Name of Family Member Social Security Number Relationship to Person Date of Birth of developmentally disabled First Name Last Name of Family Member Filing Return Family Member 4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter on line 47, Form 40. (Credit cannot be claimed if you took \$1,000 deduction on Part B, line 15.) ...... 00 F. Dependents: (Continued from Form 40, page 1) First Name Social Security Number Last Name

|     |            | 2-D Bar                       | code Ro | ecord Lay | out Specifications Idaho. Form 39R                                |
|-----|------------|-------------------------------|---------|-----------|---|
|     |            | Additions                     |         |           |   |
|     |            | Federal Net                   |         |           |   |
|     |            | Operating loss                |         |           |   |
| 111 | A-1        | carryover                     | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
|     |            | Capital loss                  |         |           |   |
| 112 | A-2        | carryover                     | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill_  |
|     |            | Non-Idaho state               |         |           |   |
|     |            | and local bond                |         |           |   |
| 112 | 4.2        | interest and                  | 10      | NT        | 00000000000 (6' ' f' 1' ' 1 (*11)                                 |
| 113 | A-3        | dividends                     | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
| 114 | A-4        | Idaho college savings account | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
| 115 | A-4<br>A-5 | Other Additions               | 12      | Numeric   | 99999999999 (Significant digits only, no cents, do not zero fill) |
| 113 | A-3        | Subtractions                  | 12      | Numeric   | 77777777777777777777777777777777777777                            |
|     |            | Idaho net                     |         |           |   |
|     |            | operating loss                |         |           |   |
| 116 | B-1a       | carryover                     | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
| 110 | D 1α       | Idaho net                     | 12      | rumene    | 777777777 (Diginificant digits only, no cents, do not zero ini)   |
|     |            | operating loss                |         |           |   |
| 117 | B-1b       | carry back                    | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
|     | _          | State income tax              |         |           | , , , , , , , , , , , , , , , , , , ,                             |
| 118 | B-2        | refund                        | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
|     |            | Interest from U.S,            |         |           |   |
|     |            | government                    |         |           |   |
| 119 | B-3        | obligations.                  | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
|     |            | Insulation of Idaho           |         |           |   |
| 120 | B-4        | residence                     | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
| 121 | B-5e       | Alternative Energy            | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
| 122 | B-6        | Child Care                    | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |
| 123 | B-7        | Social Security               | 12      | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)  |

| 124 | B-8  | Retirement Benefit  | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
|-----|------|---------------------|----------|-----------|--|---------|
| 125 | B-9  | Technological       | 12       | Numeric   | 9999999999999999 (Significant digits only, no cents, do not zero fill) |         |
|     |      | Idaho capital gains |          |           |  |         |
| 126 | B-10 | deductions          | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
| 127 | B-11 | Military Pay        | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
| 128 | B-12 | Adoption Expense    | 12       | Numeric   | 99999999999 (Significant digits only, no cents, do not zero fill)      |         |
|     |      | Idaho Medical       |          |           |  |         |
| 129 | B-13 | savings account     | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
|     |      | Idaho college       |          |           |  |         |
| 130 | B-14 | savings program     | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
| 131 | B-15 | Home for the aged   | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
| 132 | B-16 | Idaho Lottery       | 12       | Numeric   | 99999999999 (Significant digits only, no cents, do not zero fill)      |         |
|     |      | Income earned on    |          |           |  |         |
|     |      | a reservation by an |          |           |  |         |
| 133 | B-17 | American Indian     | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
| 134 | B-18 | Health Insurance    | 12       | Numeric   | 99999999999 (Significant digits only, no cents, do not zero fill)      |         |
| 135 | B-19 | Long-Term care      | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
|     |      | Workers             |          |           |  |         |
| 136 | B-20 | compensation        | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
|     |      | Bonus               |          |           |  |         |
| 137 | B-21 | Depreciation        | 12       | Numeric   | 99999999999999999999999999999999999999                                 |         |
| 138 | B-22 | Other Subtractions  | 12       | Numeric   | 99999999999999999999999999999999999999                                 |         |
|     |      | Retirement          | Benefits | Deduction |  |         |
|     |      |                     |          |           |  | Changed |
|     |      | Retirement          |          |           | 9999999999 (Significant digits only, no cents, do not zero fill)       | benefit |
| 139 | C-1  | Benefits            | 12       | Numeric   | Single 26,220 Married 39,330   | amount  |
|     |      | Federal railroad    |          |           |  |         |
| 140 | C-2  | retired benefits    | 12       | Numeric   | 9999999999 (Significant digits only, no cents, do not zero fill)       |         |
|     |      | Social Security     |          |           |  |         |
| 141 | C-3  | benefits received   | 12       | Numeric   | 99999999999 (Significant digits only, no cents, do not zero fill)      |         |

| 1.42 | 0.5 | Qualified           | 10 | NI      | 000000000000 (5) '5' 1' - ' 1   |     |
|------|-----|---------------------|----|---------|---|-----|
| 142  | C-5 | retirement benefits | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)      |     |
|      |     | State Name credit   |    |         | Abbreviated state name of where taxes were paid two, if more than one |     |
| 143  | D   | for taxes paid to   | 2  | Alpha   | state you must attach additional 39R's. example Idaho "ID"            | New |
|      |     | Other states        |    |         |   |     |
| 144  | D-2 | adjusted income     | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)      | New |
|      |     | Other state's tax   |    |         |   |     |
| 145  | D-6 | due less credits    | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)      | New |
| 146  | D-7 | Total Line          | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)      | New |

### F 75 R EFO00058

# IDAHO FUELS USE REPORT

|                 | Name   |                 |  |             |                    |      |        |       |        | Socia | ıl Secu | urity N | umber    |          |              |       |     |
|-----------------|--|-----------------|--|-------------|--------------------|------|--------|-------|--------|-------|---------|---------|----------|----------|--------------|-------|-----|
| PLEASE          |  |                 |  |             |                    | _ [  |        |       |        | П     |         |         | 1 [      | $\top$   | $\top$       |       |     |
| PRINT           | Assumed Business Name (DBA)  |                 |  |             |                    |      |        |       |        | J-L   |         |         | ]_[_     |          |              |       |     |
| OR<br>TYPE      | Addraga  |                 |  |             |                    |      |        | Fed   | leral  | Empl  | loyer l | dentifi | cation N | \umb     | er           |       |     |
| ITPE            | Address  |                 |  |             |                    |      | Т      |       |        | Т     |         |         |          |          | T            | T     |     |
|                 | City, State, and Zip Code  |                 |  |             | '                  | •    |        | -     | 1      |       |         |         |          |          |              |       |     |
|                 |  |                 |  |             |                    |      |        |       |        |       |         |         |          |          |              | •     | _   |
| Section I.      | FILING PERIOD Beginning  |                 | and ending   | j <b>-</b>  |                    |      |        |       |        |       |         | State   | use on   | у        | 一            |       |     |
|                 | <b>FILING PERIOD</b> Beginning already claimed a refund of this t        | ax from the     | Tax Commission   | on anoth    | ner Form           | า 75 | ,      |       |        |       |         |         |          |          |              |       |     |
| do not com      | plete this form.   |                 |  |             |                    |      |        | L     |        |       |         |         |          | <u> </u> | ᆜ            |       |     |
| Section II.     |  |                 | ox below that des  |             | the busi           | ine  | ss a   |       |        |       | -       |         | -        | any      | <i>!</i> .   |       |     |
| 1. • 🗌          |  | _               | andscaping & tree s  | service     |                    |      |        |       |        |       |         |         | urse     |          |              |       |     |
| 2. •            |  | . • 🔲 W         | -  |             |                    |      |        |       |        |       | Out     |         | r        |          |              |       |     |
|                 |  |                 | quipment rental/lea  | -           |                    |      |        |       |        |       | Min     |         |          | .:I \    |              |       |     |
|                 | _  | ). • 🗌 E        | oncrete/asphalt/gra  | ivei        |                    |      |        | 14.   |        | ' Ш   | Oth     | ier (d  | descr    | ibe)     | ′ —          |       | —   |
|                 |  |                 |  |             |                    |      |        |       |        |       | _       |         |          |          | 二            |       | _   |
| Section III.    |  |                 | pelow that describ   |             |                    |      |        |       |        |       | im a    | a ref   | und      | of f     | uels         | s tax | es. |
|                 | K-PAID special fuels (diesel, propane,                                   | or natural ga   | is) used in  |             | O TAX-PA           |      | -      |       |        |       |         |         |          |          |              |       |     |
|                 | Stationary engines   |                 |  |             | Stati              |      |        |       |        |       | nt /I   | :-4\    |          |          |              |       |     |
| Z. • 🔲          | Unregistered equipment (list)  |                 |  | 11.         | Unre               | egis | tered  | u eq  | luik   | me    | ent (II | ist) _  |          |          |              |       | —   |
| 3 . 🗆           | Refrigeration unit with separate ta                                      | nk              |  | 12 .        | Refr               | inai | ation  | n iin | nit v  | with  | san     | arat    | e tan    | k        |              |       | —   |
|                 | Intrastate motor vehicles off-high                                       |                 |  | -           |                    |      |        |       | -      |       |         |         | For      | n 75.    | ·IC)         |       |     |
|                 | IFTA power take-off and auxiliary  |                 | <ul> <li>13. IFTA auxiliary engine allowance (attach F</li> <li>14. Intrastate motor vehicle auxiliary engine</li> </ul> |             |                    |      |        |       |        |       |         |         |          |          |              | ,     |     |
|                 | (attach Form 75-IC)  | originio amo    |  |             | allov              |      |        |       |        |       |         |         | ,        | .9       |              |       |     |
|                 | Intrastate motor vehicle power tal                                       | uxiliary engine | 15. •  | Aircr       |                    | -    |        |       |        |       | ,       |         |          |          |              |       |     |
|                 | allowances (attach Form 75-IMV)  |                 | , . ,  |             |                    |      |        |       |        |       |         |         |          |          |              |       |     |
|                 | Federal, state, and local governm  | /ehicles        | <ul><li>16.  Commercial motor boat</li><li>17.  Other (describe)</li></ul>   |             |                    |      |        |       |        |       |         |         |          |          |              |       |     |
|                 | Aircraft (see instructions)  |                 |  |             |                    | •    |        | ,     |        |       |         |         |          |          |              |       | _   |
| 9. • 🔲          | Other (describe)   |                 |  | * Gaso      | line used          | in a | regist | tered | d mo   | otor  | vehic   | le (g   | overnr   | nent     | or           |       |     |
|                 |  |                 |  | private     | ly owned)          | doe  | s not  | qual  | lify 1 | for a | refur   | nd of   | the ga   | ısolir   | ne ta        | Х.    |     |
|                 | TOTAL REFUND OR TAX DU   |                 |  |             | _                  |      |        |       |        |       |         |         |          |          |              |       |     |
|                 | the sections on page 2 that app  |                 |  |             |                    |      |        |       |        |       |         |         | •        | —        | —            |       |     |
|                 | oline tax refund from page 2, Sec  |                 |  |             |                    |      |        |       |        |       |         |         | \$       |          |              |       |     |
|                 | cial fuels tax refund from page 2,                                       |                 |  |             |                    |      |        |       |        |       |         |         |          |          |              |       |     |
| 3. Gast         | oline tax due from page 2, Section<br>cial fuels tax due from page 2, Se | otion VI lin    |  |             |                    |      |        | ••••• | ••••   |       |         | :       |          | —        | —            |       |     |
|                 | l of use tax due from page 2, Sec  |                 |  |             |                    |      |        |       |        |       |         |         |          |          |              |       |     |
|                 | I paid the use tax with my sales/u                                       |                 |  |             |                    |      |        |       |        |       |         | 5       | ////     | 11       | 11)          | ///   | /// |
|                 | <b>ind.</b> If the total of lines 1 and 2 is                             |                 |  |             | nd 5.              |      |        |       | _      |       | _       | 1 2     | (///     | 77       | 11)          | 111   | /// |
|                 | r the difference   | •               |  |             |                    |      |        |       |        |       |         |         |          |          |              |       |     |
|                 | <b>Due.</b> If the total of lines 1 and 2 i                              |                 |  |             |                    |      |        |       | L      | _     |         |         |          |          | <del> </del> | _     |     |
|                 | r the difference   |                 |  |             |                    |      |        | . •   |        |       |         |         |          |          |              |       |     |
|                 |  |                 |  |             |                    |      |        |       | L      |       |         |         |          | <u> </u> | ᆜ            |       |     |
| -               | ithin 180 days of receiving this return                                  |                 |  | -           |                    |      |        |       |        |       |         |         |          |          |              |       |     |
|                 | nder penalties of perjury, I declare that                                | it to the best  | of my knowledge and  | d belief th | I                  |      |        |       |        |       |         |         |          |          |              |       |     |
| SIGN            | thorized signature   |                 | Call 334   | -766        | 0 in th            | ne B | oise   | are   | a or   | (800) | 972-7   | 660 t   | iOII fi  | ree.     |              |       |     |
| HERE .          | HERE .   |                 |  |             | MAIL TO            |      |        |       |        |       |         |         |          |          |              |       |     |
| Tit             | e  |                 | Daytime phone  |             | Idaho St<br>PO Box |      | Гах С  | omm   | niss   | ion   |         |         |          |          |              |       |     |
| Daid a '        | oiseach us   | Dranger de Eth  | L CON or DTIN  |             | Boise ID           |      | 07-00  | 76    |        |       |         |         |          |          |              |       |     |
| Paid preparer's | signature  | Preparer's EIN  | I, SSN or PTIN   |             |                    |      |        |       |        |       |         |         |          |          |              |       |     |
| Address and ph  | none number  | <u> </u>        |  |             | 1                  |      |        |       |        |       |         |         |          |          |              |       |     |
| , waress and pr | iono numbor  |                 |  |             |                    |      |        |       |        |       |         |         |          |          |              |       |     |
|                 |  |                 |  |             | 1                  |      |        |       |        |       |         |         |          |          |              |       |     |

| FO00055 07-03-08   |                |              |              |                       | Forn    | n 75 Pag | e 2    |
|--|----------------|--------------|--------------|-----------------------|---------|----------|--------|
|  | Α              | B**          | C**          | D                     | E       | F        | G      |
| Section V. FUELS TAX REFUND  | Gasoline       | Av Gas       | Jet Fuel     | Undyed Diesel*        | Propane | Nat Gas  | Totals |
| Total tax-paid gallons purchased from all sources (whole gallons)  • |                |              |              |                       |         |          |        |
| 2. Total nontaxable gallons (whole gallons)                          |                |              |              |                       |         |          |        |
| 3. Tax rate  | .25            | .07          | .06          | .25                   | .181    | .197     |        |
| 4. Fuels tax refund  |                |              |              |                       |         |          |        |
| 5. Gasoline tax refund. Add line 4, column                           | ns A, B & C. I | Enter here a | nd on page 1 | I, Section IV, line 1 |         |          |        |

| Section VI. FUELS TAX DUE                   | A<br>Gasoline | B**<br>Av Gas | C**<br>Jet Fuel | D<br>Undyed Diesel*   | E<br>Propane | F<br>Nat Gas | G<br>Totals |
|---|---------------|---------------|-----------------|-----------------------|--------------|--------------|-------------|
| Taxable gallons     (whole gallons)  •      |               |               |                 |                       |              |              |             |
| 2. Tax rate                                 | .25           | .07           | .06             | .25                   | .181         | .197         |             |
| 3. Fuels tax due                            |               |               |                 |                       |              |              |             |
| 4. Gasoline tax due. Add line 3, columns    | A, B & C. E   | nter here and | d on page 1,    | Section IV, line 3.   |              |              |             |
| 5. Special fuels tax due. Add line 3, colui | mns D, E & F  | Enter here    | and on page     | e 1, Section IV, line | e 4          |              |             |

6. Special fuels tax refund. Add line 4, columns D, E & F. Enter here and on page 1, Section IV, line 2 .....

| Section VII. USE TAX DUE  | A<br>Gasoline | B**<br>Av Gas | C**<br>Jet Fuel | D<br>Undyed Diesel* | E<br>Propane | F<br>Nat Gas | G<br>Totals |
|---|---------------|---------------|-----------------|---------------------|--------------|--------------|-------------|
| Number of gallons from     Section V, line 2                    |               |               |                 |                     |              |              |             |
| 2. Average price per gallon (carry 4 decimal places x.xxxx)     |               |               |                 |                     |              |              |             |
| 3. Less state fuels tax/gallon                                  |               |               |                 |                     |              |              |             |
| 4. Less federal fuels tax/gallon                                |               |               |                 |                     |              |              |             |
| 5. The base cost per gallon (line 2 less 3 & 4)                 |               |               |                 |                     |              |              |             |
| Total amount subject to use tax     (multiply line 1 by line 5) |               |               |                 |                     |              |              |             |
| 7. Use tax due (multiply line 6 by 6%)                          |               |               |                 |                     |              |              |             |
| (multiply line 6 by 6%)   | ough F. Ente  | er here and o | on page 1, S    | ection IV, line 5   |              |              | //          |

<sup>\*</sup> Includes Biodiesel and Biodiesel Blends

<sup>\*\*</sup> Rate change for Av Gas and Jet Fuel effective July 1, 2008.

# 2-D Barcode Record Layout Specifications Idaho. Form 75

|                   |     | Section II         |   |       | Business Activities                            |  |
|-------------------|-----|--------------------|---|-------|--|--|
| 147               | 1   | Farming            | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 148               | 2   | Logging            | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| -                 |     | - 66 6             |   |       |  |  |
| 149               | 3   | Construction       | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 150               | 4   | Trucking           | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 151               | 5   | Manufacturing      | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 152               | 6   | Landscaping, tree  | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 153               | 7   | Well drilling      | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 154               | 8   | Equipment Rental   | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 155               | 9   | Concrete/Asphalt   | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 156               | 10  | Excavating         | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 157               | 11  | Golf course        | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 158               | 12  | Outfitter          | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 159               | 13  | Mining             | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 160               | 14  | Other              | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
|                   |     | Section III        |   |       | Nontaxable Use                                 |  |
| 161               | 1   | Stationery engines | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 162               | 2   | Unlicensed equip.  | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 163               | 3   | Refrigeration unit | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 164               | 4   | Intrastate motor   | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 165               | 5   | IFTA power         | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 166               | 6   | Intrastate motor   | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 167               | 7   | Federal, State     | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 168               | 8   | Aircraft           | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 169               | 9   | Other              | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 170               | 10  | Stationary engines | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 171               | 11  | Unlicensed equip.  | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 172               | 12  | Refrigeration      | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
|                   | 13  | IFTA auxiliary     | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |
| 173               | 1.5 |                    |   |       |  |  |
| 173<br>174<br>175 | 14  | Intrastate         | 1 | Alpha | "X" = box is marked. Blank = box is not marked |  |

| 176 | 16 | Commercial boat      | 1               | Alpha        | "X" = box is marked. Blank = box is not marked   |         |
|-----|----|----------------------|-----------------|--------------|--|---------|
| 177 | 17 | Other                | 1               | Alpha        | "X" = box is marked. Blank = box is not marked  "X" = box is marked. Blank = box is not marked |         |
| 1// | 17 |                      |                 |              | nd or Tax Due  |         |
| 170 | 1  |                      | 12              |              |  |         |
| 178 | 2  | Gasoline tax refund  |                 | Numeric      | 99999999999999999999999999999999999999   |         |
| 179 | 2  | Special fuel refund  | 12<br>12        | Numeric      | 99999999999999999999999999999999999999   |         |
| 180 | 3  | Gasoline tax due     |                 | Numeric      | 99999999999999999999999999999999999999   |         |
| 181 | 4  | Special fuel tax due | 12              | Numeric      | 99999999999999999999999999999999999999   |         |
| 182 | 5  | Use tax due          | 12              | Numeric      | 99999999999999999999999999999999999999   |         |
| 183 | 6  | Refund               | 12              | Numeric      | 9999999999 (Significant digits only, no cents, do not zero fill)                               |         |
| 184 | 7  | Tax Due              | 12              | Numeric      | 9999999999 (Significant digits only, no cents, do not zero fill)                               |         |
|     |    | Section              | o <b>n V.</b> ] | Fuels Tax Ro | efund  |         |
|     |    | Total tax-paid       |                 |              |  | Whole   |
| 185 | 1a | gasoline             | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total tax-paid       |                 |              |  | Whole   |
| 186 | 1b | Av Gas               | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total tax-paid       |                 |              |  | Whole   |
| 187 | 1c | Jet Fuel             | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total tax-paid       |                 |              |  | Whole   |
| 188 | 1d | Undyed Diesel        | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total tax-paid       |                 |              |  | Whole   |
| 189 | 1e | Propane              | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total tax –paid      |                 |              |  | Whole   |
| 190 | 1f | Natural gas          | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total Nontaxable     |                 |              |  | Whole   |
| 191 | 2a | Gasoline             | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total Nontaxable     |                 |              |  | Whole   |
| 192 | 2b | Av Gas               | 12              | Numeric      | 9999999999 (Significant digits only, no cents, do not zero fill)                               | gallons |
|     |    | Total Nontaxable     |                 |              |  | Whole   |
| 193 | 2c | Jet Fuel             | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total Nontaxable     |                 |              | , , , , , , , , , , , , , , , , , , ,  | Whole   |
| 194 | 2d | Undyed Diesel        | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total Nontaxable     |                 |              | , , , , , , , , , , , , , , , , , , ,  | Whole   |
| 195 | 2e | Propane              | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |
|     |    | Total Nontaxable     |                 |              |  | Whole   |
| 196 | 2f | Natural Gas          | 12              | Numeric      | 99999999999 (Significant digits only, no cents, do not zero fill)                              | gallons |

## Section VI. Fuels Tax Due

|     |    | Taxable gallons     |         |                    |  |
|-----|----|---------------------|---------|--------------------|--|
| 197 | 1a | gasoline            | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Taxable gallons     |         |                    |  |
| 198 | 1b | Aviation gas        | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Taxable gallons     |         |                    |  |
| 199 | 1c | Jet fuel            | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Taxable gallons     |         |                    |  |
| 200 | 1d | Undyed diesel       | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Taxable gallons     |         |                    |  |
| 201 | 1e | Propane             | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Taxable gallons     |         |                    |  |
| 202 | 1f | Natural gas         | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    |                     | on VII. | <b>Use Tax Due</b> |  |
| 203 | 1a | Gasoline gallons    | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Aviation gas        |         |                    |  |
| 204 | 1b | gallons             | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
| 205 | 1c | Jet Fuel gallons    | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Undyed diesel       |         |                    |  |
| 206 | 1d | gallons             | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
| 207 | 1e | Propane gallons     | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
| 208 | 1f | Natural gas gallons | 12      | Numeric            | 9999999999 (Significant digits only, no cents, do not zero fill)                                     |
|     |    | Average price per   |         |                    | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 209 | 2a | gallon of gas       | 5       | Numeric            | justify zero fill  |
|     |    | Average price per   |         |                    | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 210 | 2b | gallon aviation gas | 5       | Numeric            | justify zero fill  |
|     |    | Average price per   |         |                    | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 211 | 2c | gallon jet fuel     | 5       | Numeric            | justify zero fill  |
|     |    | Average price per   |         |                    |  |
|     |    | gallon undyed       |         |                    | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 212 | 2d | diesel              | 5       | Numeric            | justify zero fill  |
|     |    | Average price per   |         |                    | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 213 | 2e | gallon propane      | 5       | Numeric            | justify zero fill  |
|     |    | Average price per   |         |                    | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 214 | 2f | gallon natural gas  | 5       | Numeric            | justify zero fill  |

|     |    | Federal tax per     |   |         | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
|-----|----|---------------------|---|---------|--|
| 215 | 4a | gallon gas          | 5 | Numeric | justify zero fill  |
|     |    | Federal tax per     |   |         | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 216 | 4b | gallon aviation gas | 5 | Numeric | justify zero fill  |
|     |    | Federal tax per     |   |         | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 217 | 4c | gallon jet fuel     | 5 | Numeric | justify zero fill  |
|     |    | Fed. tax per gallon |   |         | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 218 | 4d | undyed diesel       | 5 | Numeric | justify zero fill  |
|     |    | Federal tax per     |   |         | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 219 | 4e | gallon propane      | 5 | Numeric | justify zero fill  |
|     |    | Federal tax per     |   |         | 9.999 (decimal between 1 <sup>st</sup> and 2 <sup>nd</sup> ) This is a price per gallon field. Right |
| 220 | 4f | gallon natural gas  | 5 | Numeric | justify zero fill  |

# IDAHO BUSINESS INCOME TAX CREDITS AND CREDIT RECAPTURE

| Name(s) as shown on return  |   |    | Social Security Num | iber or | EIN       |  |
|---|---|----|---------------------|---------|-----------|--|
| PART I — BUSINESS INCOME TAX CREDITS                                    |   |    |                     |         |           |  |
|   |   | Cı | edit Allowed        |         | Carryover |  |
| Investment tax credit. Attach Form 49                                   | • | 1  |                     |         |           |  |
| Credit for production equipment using postconsumer waste                |   | 2  |                     |         |           |  |
| 3. Promoter sponsored event credit                                      |   | 3  |                     |         |           |  |
| 4. Credit for qualifying new employees. Attach Form 55                  | • | 4  |                     |         |           |  |
| 5. Credit for Idaho research activities. Attach Form 67                 | • | 5  |                     |         |           |  |
| 6. Broadband equipment investment credit. Attach Form 68                | • | 6  |                     |         |           |  |
| 7. Incentive investment tax credit. Attach Form 69                      | • | 7  |                     |         |           |  |
| Small employer investment tax credit. Attach Form 83                    |   | 8  |                     |         |           |  |
| 9. Small employer real property improvement tax credit. Attach Form 84  | • | 9  |                     |         |           |  |
| 0. Small employer new jobs tax credit. Attach Form 85                   | • | 10 |                     |         |           |  |
| Biofuel infrastructure investment tax credit. Attach Form 71            | • | 11 |                     |         |           |  |
| 2. Total business income tax credits allowed. Add lines 1 through 11    |   | 12 |                     |         |           |  |
|   |   |    |                     |         |           |  |
| PART II — TAX FROM RECAPTURE OF INCOME TAX CREDITS                      |   |    |                     |         |           |  |
| Tax from recapture of:  |   |    |                     |         |           |  |
| Investment tax credit. Attach Form 49R                                  |   |    |                     | 1       |           |  |
| Broadband equipment investment credit. Attach Form 68R                  |   |    |                     | 2       |           |  |
| 3. Small employer investment tax credit. Attach Form 83R                |   |    |                     | 3       |           |  |
| 4. Small employer real property improvement tax credit. Attach Form 84R |   |    |                     | 4       |           |  |
| 5. Small employer new jobs tax credit. Attach Form 85R                  |   |    |                     | 5       |           |  |
| 6 Biofuel infrastructure investment tax credit. Attach Form 71R         |   |    |                     | 6       |           |  |
| 7. Total tax from recapture of income tax credit. Add lines 1 through 6 |   |    |                     | 7       |           |  |
|   |   |    |                     |         |           |  |
|   |   |    |                     |         |           |  |

# 2-D Barcode Record Layout Specifications Idaho. Form 44

|       |                     | Part I—Business  |               | •          |   |         |
|-------|---------------------|--|---------------|------------|---|---------|
|       |                     | income tax credits   |               |            | <b>Business Activities</b>  |         |
| Index | Form<br>Line<br>No. | Description  | Field<br>Size | Field Type | Acceptable Values   | Changes |
|       |                     | Investment tax credit  |               |            |   |         |
| 221   | 1a                  | Allowed  | 12            | Numeric    | 99999999999 (Significant digits only, no cents, do not zero fill) |         |
| 222   | 1b                  | Investment tax credit<br>Carryover   | 12            | Numeric    | 9999999999 (Significant digits only, no cents, do not zero fill)  |         |
| 223   | 2a                  | Credit for production<br>equipment using post<br>consumer waste<br>Allowed | 12            | Numeric    | 9999999999 (Significant digits only, no cents, do not zero fill)  |         |
|       |                     | Credit for production<br>equipment using post<br>consumer waste            |               |            |   |         |
| 224   | 2b                  | Carryover  | 12            | Numeric    | 9999999999 (Significant digits only, no cents, do not zero fill)  |         |
| 225   | 3                   | Promoter sponsored event credit Allowed                                    | 12            | Numeric    | 9999999999 (Significant digits only, no cents, do not zero fill)  |         |
| 226   | 4a                  | Credit for qualifying<br>new employees<br>Allowed                          | 12            | Numeric    | 9999999999 (Significant digits only, no cents, do not zero fill)  |         |
| 227   | 4b                  | Credit for qualifying<br>new employees<br>Carryover                        | 12            | Numeric    | 9999999999 (Significant digits only, no cents, do not zero fill)  |         |
| 228   | 5a                  | Credit for Idaho<br>research activities<br>Allowed                         | 12            | Numeric    | 9999999999 (Significant digits only, no cents, do not zero fill)  |         |
| 229   | 5b                  | Credit for Idaho<br>research activities<br>Carryover                       | 12            | Numeric    | 99999999999 (Significant digits only, no cents, do not zero fill) |         |

|     |           | Broadband equipment                  |          |         |  |
|-----|-----------|--------------------------------------|----------|---------|--|
| 230 | 6a        | investment Allowed                   | 12       | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)       |
|     |           | Broadband equipment                  |          |         |  |
|     |           | investment credit                    |          |         |  |
| 231 | 6b        | Carryover                            | 12       | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)       |
|     |           | Incentive investment                 |          |         |  |
| 232 | 7a        | tax credit Allowed                   | 12       | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)       |
|     |           | Incentive investment                 |          |         |  |
| 233 | 7b        | tax credit Carryover                 | 12       | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)       |
|     |           | Small employer                       |          |         |  |
|     |           | investment tax credit                |          |         |  |
| 234 | 8a        | Allowed                              | 12       | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)       |
|     |           | Small employer                       |          |         |  |
|     |           | investment tax credit                |          |         |  |
| 235 | 8b        | Carryover                            | 12       | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)       |
|     |           | Small employer real                  |          |         |  |
|     |           | property improvement                 |          |         |  |
| 236 | 9a        | tax credit Allowed                   | 12       | Numeric | 99999999999999999999999999999999999999                                 |
|     |           | Small employer real                  |          |         |  |
| 227 | 01        | property improvement                 |          |         |  |
| 237 | 9b        | tax credit Carryover                 | 12       | Numeric | 9999999999999999 (Significant digits only, no cents, do not zero fill) |
| 220 | 1.0       | Small employer new                   | 10       |         |  |
| 238 | 10a       | jobs tax credit Allowed              | 12       | Numeric | 99999999999999999999999999999999999999                                 |
| 220 | 1.01      | Small employer new                   | 10       | X7 .    | 00000000000 (0' '0" , 1' ', 1  |
| 239 | 10b       | jobs tax Carryover                   | 12       | Numeric | 99999999999999999999999999999999999999                                 |
| 240 | 11.       | Biofuel infrastructure               | 10       | NT      | 000000000000 (5' '5' 1' -' 1 (*11)                                     |
| 240 | 11a       | ITC Biofuel infrastructure           | 12       | Numeric | 99999999999999999999999999999999999999                                 |
| 241 | 116       |                                      | 12       | Numaria | 00000000000 (Significant digits only no cents, do not zero fill)       |
| 241 | 11b<br>12 | ITC Carryover Total business credits | 12<br>12 | Numeric | 99999999999999999999999999999999999999                                 |
| 242 | 12        |                                      | 12       | Numeric | 99999999999999999999999999999999999999                                 |
|     |           | Part II-Recapture                    |          |         |  |
|     |           | of income tax                        |          |         |  |
|     |           | credits.                             |          |         | Business Activities  |
|     |           | Recapture of                         |          |         |  |
| 243 | 1         | investment tax credit                | 12       | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill)       |

|     |        | Recapture of           |    |         |  |
|-----|--------|------------------------|----|---------|--|
|     |        | broadband equipment    |    |         |  |
| 244 | 2      | investment tax credit  | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill) |
|     |        | Recapture of small     |    |         |  |
|     |        | employer's investment  |    |         |  |
| 245 | 3      | tax credit             | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill) |
|     |        | Recapture of small     |    |         |  |
|     |        | employer's real        |    |         |  |
|     |        | property improvement   |    |         |  |
| 246 | 4      | tax credit             | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill) |
|     |        | Recapture of small     |    |         |  |
|     |        | employer's new job     |    |         |  |
| 247 | 5      | investment tax credit  | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill) |
|     |        | Biofuel infrastructure |    |         |  |
| 248 | 6      | ITC                    | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill) |
|     |        | Total Tax and          |    |         |  |
| 249 | 7      | Recapture              | 12 | Numeric | 9999999999 (Significant digits only, no cents, do not zero fill) |
| 250 | Static | End of Record Ind.     | 5  | Alpha   | "*EOD* (Standard FTA accepted trail field.)                      |

2,079 Idaho Form 40 with all fields at maximum data length, this includes the Schedule 39R, Form 44 and the Form 75.

250 Idaho Form 40 field delimiters (carriage return)

2,329 Total characters with field delimiters and all fields at maximum data length.

Software/Form version: A vendor defined version number that reflects the software and form revision used to produce the barcode.

#### **Example:**

Header Version Number "T1" Developer Code "9999" NACTP assigned code Tax Year "2008"